BEST AVAILABLE COF

!		455116471								Ap	plication	och	ocke: Nun	nber 	
	PATENI	APPLICATION Effection				ION H	ECC	JHU	' -					 ۳	
Effective October 1, 2003												•	40	38	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE				OTHER THAN		
T	OTAL CLAIMS		160101111111		<u>(Coit</u>	(Column 2)			RATE			_QF. 1			
-								BASIC FEE		FEE	\cdot	RATE	FEE		
	OR;::::::::::::::::::::::::::::::::::::		NUMBER FILED		NUMBER EXTRA			BASIC	-	385.00	OR	BASIC FEE	770.00		
TO	OTAL CHARGE	ABLE CLAIMS	\5 _minus 20=						XS 9=	_	-	OR	XS18=		
IN	DEPENDENT C	LAIMS ·	minus 3 =						X43=			OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT						-145=				-290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							·	•	4		OR				
CLAIMS AS AMENDED - PART II								TOTAL	··L	·,	OR	TOTAL	7.70		
	C	(Column 1)	AMENDEL	(Column 2) (Column 3)					SMALL	_ EI	NTITY	OR	OTHER SMALL I		
A		CLAIMS REMAINING	<u> </u>	HIGH	EST	PRESE] [RATE	T	ADDI- TIONAL FEE	OR	RATE	ADDI-	
		AFTER AMENDMENT		PREVICE PAID	USLY	EXT				٦				TIONAL FEE	
DME	Total	*	Minus	**	OIL	=			XS 9=	1			X\$18≃	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT	Independent	*	Minus	. ***		=		ŀ		+					
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				CLAIM	<u> </u>			X43=	+		OR:	X86=		
Consultant	· · · · · · · · · · · · · · · · · · ·				•				+145=			OR	+290=		
								. TOT ADDIT. F				OR	TOTAL ADDIT. FEE		
	. (Column 1) (Column 2) (Column 3)												·		
Ф		CLAIMS REMAINING		HIGHI NUME		PRES	ENT	lſ			ADDI-			ADDI-	
LN.		AFTER		PREVIO		EXT			RATE		TIONAL FEE		RATE	TIONAL FEE	
DMENT	Total -	*	Minus		·	=	•		X\$ 9 <i>=</i>			OR	X\$18=		
AME	Inaependent	*	Minus	***	*	=		 	X43=	T			X86=		
A	FIRST PRESENTATION OF MULTIPLE			DEPENDENT-GLAIM						*********	OR:		· The state of the		
*******			Ĺ	+145= TOTAL			OR	+290=							
ADD												OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												And the second		
AMENDMENT C	ζ	- CLAIMS REMAINING		HIGHE NUMB		PRESENT	ENT		RATĘ		ADDI-		ADDI-		
		AFTER AMENDMENT		PREVIO PAID F		EXTE	RA.				ONAL FEE		RATE	TIONAL FEE	
MO	Total	*	Minus	**		=.			X\$ 9=	T		OR	X\$18=		
ME	Independent	*	Minus	***		=		┞	X43=	╁		ı	X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	A40=	╀		OR	700-		
+145=												OR	+290=		
1	f the "Highest Nur	nn 1 is less than th nber Previously Pa	id For IN THIS	S SPACE is	less than	1 20, ente	er "20."	AI	TOTAL ODIT. FEE			OR ,	TOTAL ADDIT. FEE		
****	t the "Highest Nui The "Highest Num	mber Previously Pa ber Previously Pai	iid For" IN THI: d For" (Total or	S SPACE is Independer	less thannt) is the	n 3, enter highest r	r "3." number				priate box				